



## **1<sup>st</sup> Corps Readiness Outcomes and Wellness Service (1<sup>st</sup> CROWS)** **(this project began as: Corporate Wellness Program Task Force)**

*Note: this ongoing HPPI project has been a part of the HPPI portfolio since the beginning of the HPPI program in FY97.*

### **The health problem or issue**

The Army healthcare system must be flexible to meet the needs of a transforming Army. Health transformation is Army transformation. The program addresses health issues that impact Soldier deployability by adapting to the installation's changing needs.

### **Outcome**

A comprehensive health promotion program delivered at the unit level with a robust patient information database will increase troop readiness and deployability.

### **Impact on force readiness and deployability**

This program improves medical readiness by providing a comprehensive, mission-specific approach for each unit.

### **Demonstration of program effectiveness and/or impact**

Soldiers at risk in the following areas are identified, counseled immediately, and given appropriate referrals: injury, depression, Post Traumatic Stress Disorder, suicide, alcohol abuse, intimate partner violence, cardiovascular disease, tobacco use, and safety hazards. Program outcomes: 50% readiness status for all units prior to this program; 80 – 100% readiness status for all units after program implementation. Yearly cost avoidance is more than \$60K per 150 Soldiers; cost avoidance per battalion is more than \$240K.

### **Unique and/or innovative program aspects**

This program is delivered directly to the unit and includes a mission-specific set of services that address readiness including: immunizations, on-site health screenings, training for medics (focusing on skills that would be needed for deployment), lung function tests, briefings on local health threats, injury prevention, and a 90-day post-deployment Health Risk Assessment II.

### **Challenges to effective program implementation**

Adequate staffing for the program is an issue because the program is so comprehensive. In addition, increasing numbers of troops and Soldier Readiness Processing requirements have put extra pressure on program implementation.

### **Contribution to the HPPI portfolio**

Train-the-trainer injury prevention information for individual units has been developed that could be adapted for inclusion in the HPPI portfolio. In addition, data for tobacco use among Soldiers returning from deployment has been collected. This program provides a model for delivering deployment-focused health promotion directly to the unit.